

Fill in this information to identify your case:

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Washington</u>			
Case number (if known)	<u>24-13054</u>		

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
<u>2.1</u>	Internal Revenue Service			
Priority Creditor's Name				
Centralized Insolvency Operations				
Po Box 7346				
Number Street				
Philadelphia, PA 19101-7346				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Last 4 digits of account number				
When was the debt incurred?				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input type="checkbox"/> Other. Specify				
		\$1,299,554.70	\$1,299,554.70	\$0.00

Debtor 1 Kenneth Robert Lorenz Case number (if known) 24-13054

Debtor 2 Karen Ann-Holtmann Lorenz

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.2</u>	Washington State Department of Labor and Industries Priority Creditor's Name 7273 Linderson Way Sw Number Street Tumwater, WA 98501-5414 City State ZIP Code	Last 4 digits of account number <u>7</u> <u>9</u> <u>L</u> <u>9</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<u>\$3,000.00</u>	<u>unknown</u>	<u>\$3,000.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt						
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Fine</u>						
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 Kenneth Robert Lorenz Case number (if known) 24-13054

Debtor 2 Karen Ann-Holtmann Lorenz

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	Ameri Collect	Last 4 digits of account number	\$32.37
	Nonpriority Creditor's Name		
	PO Box 1566	When was the debt incurred?	
	Number Street		
	Manitowoc, WI 54221-1566	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify Medical Bill	
	<input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.2	American Honda Finance	Last 4 digits of account number	\$3,683.47
	Nonpriority Creditor's Name		
	PO Box 5025	When was the debt incurred?	
	Number Street		
	San Ramon, CA 94583-0925	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify _____	
	<input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.3 <u>BANK OF AMERICA</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO BOX 982238</u></p> <p>Number Street</p> <p><u>EL PASO, TX 79998</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>X</u> <u>X</u> <u>X</u> <u>X</u></p> <p>When was the debt incurred? <u>12/25/2016</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p>\$313.00</p>
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<p>4.4 <u>Cadman Material Inc.</u></p> <p>Nonpriority Creditor's Name</p> <p><u>6600 230th Ave Se</u></p> <p>Number Street</p> <p><u>Issaquah, WA 98027-2524</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$52,028.74</p>
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Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	CapSpecialty	Last 4 digits of account number	_____	\$12,250.00
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	1600 Aspen Cmns			
	Number	Street		
	Middleton, WI 53562-4718			
	City	State	ZIP Code	
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans			
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input checked="" type="checkbox"/> Other. Specify _____			

4.6	Christoph and Carly Klee (Palady)	Last 4 digits of account number	_____	\$365,133.07
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	C/O ARNOLD JACOBOWITZ & ALVARADO PLLC			
	8201 164th Ave Ne Ste 200			
	Number	Street		
	Redmond, WA 98052-7615			
	City	State	ZIP Code	
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans			
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 Kenneth Robert Lorenz Case number (if known) 24-13054

Debtor 2 Karen Ann-Holtmann Lorenz

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	Colvin Hallett Attorneys	Last 4 digits of account number	<u> </u>	\$25,957.63
	Nonpriority Creditor's Name			
	719 2nd Avenue Suite 711	When was the debt incurred?	<u> </u>	
	Number Street			
	Seattle, WA 98104	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u> </u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.8	CREDIT INTERNATIONAL	Last 4 digits of account number	<u>6</u> <u>8</u> <u>2</u> <u>7</u>	\$4,665.00
	Nonpriority Creditor's Name			
	10413 BEARDSLEE BLVD STE	When was the debt incurred?	<u>7/10/2023</u>	
	Number Street			
	BOTHELL, WA 98011	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	CREDIT ONE BANK Nonpriority Creditor's Name <u>PO BOX 98872</u> Number Street <u>LAS VEGAS, NV 89193</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 5 3 5</u> When was the debt incurred? <u>9/4/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$759.77</u>
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4.10	CREDIT ONE BANK NA Nonpriority Creditor's Name <u>PO BOX 98875</u> Number Street <u>LAS VEGAS, NV 89193</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 0 1 8</u> When was the debt incurred? <u>7/12/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$10.00</u>
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Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	DEPT OF EDUCATION/NELN	Last 4 digits of account number	<u>5</u> <u>8</u> <u>5</u> <u>9</u>	\$16,404.14
Nonpriority Creditor's Name		When was the debt incurred?		
<u>121 S 13TH ST</u>		<u>8/24/2018</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>LINCOLN, NE 68508</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.12	DEPT OF EDUCATION/NELN	Last 4 digits of account number	<u>5</u> <u>9</u> <u>5</u> <u>9</u>	\$11,815.34
Nonpriority Creditor's Name		When was the debt incurred?		
<u>121 S 13TH ST</u>		<u>5/8/2019</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>LINCOLN, NE 68508</u>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.13 <u>DISCOVER BANK</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO BOX 30939</u></p> <p>Number Street</p> <p><u>SALT LAKE CITY, UT 84130</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7</u> <u>8</u> <u>5</u> <u>9</u></p> <p>When was the debt incurred? <u>12/28/2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p>\$1,748.00</p>
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<p>4.14 <u>Dr. Craig Jolley, DMD</u></p> <p>Nonpriority Creditor's Name</p> <p><u>27203 216th Avenue SE Suite B</u></p> <p>Number Street</p> <p><u>Maple Valley, WA 98038</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Bill</u></p>	<p>\$5,751.00</p>
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Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15	Harris and Harris LTD	Last 4 digits of account number _____	\$140.99
Nonpriority Creditor's Name			
111 W Jackson Blvd Ste 400		When was the debt incurred? _____	
Number	Street		
Chicago, IL 60604-4135		As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	<input type="checkbox"/> Contingent
			<input type="checkbox"/> Unliquidated
			<input type="checkbox"/> Disputed
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>			
4.16	Integrity Law Group	Last 4 digits of account number _____	\$23,000.00
Nonpriority Creditor's Name			
2033 6th Ave Suite 600		When was the debt incurred? _____	
Number	Street		
Seattle, WA 98121		As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	<input type="checkbox"/> Contingent
			<input type="checkbox"/> Unliquidated
			<input type="checkbox"/> Disputed
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	<u>Lynv Funding LLC</u>	Last 4 digits of account number	<u>0 2 0 6</u>	<u>\$2,525.52</u>
	Nonpriority Creditor's Name			
	<u>Resurgent Capital Services</u>	When was the debt incurred?	<u>2018</u>	
	<u>PO Box 10587</u>	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	<u>Greenville, SC 29603-0497</u>	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.18	<u>Maxwell Holmes</u>	Last 4 digits of account number	<u> </u>	<u>\$160,000.00</u>
	Nonpriority Creditor's Name			
	<u>C/O Patricia Army, LLC</u>	When was the debt incurred?	<u> </u>	
	<u>Po Box 1349</u>	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	<u>North Bend, WA 98045-1349</u>	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u> </u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	Multicare Health System	Last 4 digits of account number	<u>2</u> <u>4</u> <u>7</u> <u>3</u>	\$1,254.66
Nonpriority Creditor's Name		When was the debt incurred?		
<u>15600 Ne 8th St Ste A4</u>				
Number	Street	As of the date you file, the claim is: Check all that apply.		
<u>Bellevue, WA 98008-3917</u>		<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				

4.20	OLYMPIC COLLECTION INC.	Last 4 digits of account number	<u>4</u> <u>2</u> <u>N</u> <u>1</u>	\$10,839.39
Nonpriority Creditor's Name		When was the debt incurred?		
<u>16040 CHRISTENSEN RD STE 214</u>		<u>1/30/2024</u>		
Number	Street	As of the date you file, the claim is: Check all that apply.		
<u>TUKWILA, WA 98188</u>		<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known)	24-13054
Debtor 2	Karen	Ann-Holtmann	Lorenz		
	First Name	Middle Name	Last Name		

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21		Physician and Dentists credit Bureau Inc.	Last 4 digits of account number	_____	\$1,463.28
Nonpriority Creditor's Name			When was the debt incurred?	_____	
5500 Ne 107th Ave					
Number	Street		As of the date you file, the claim is: Check all that apply.		
_____			<input type="checkbox"/> Contingent		
Vancouver, WA 98662-6169			<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.			Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only			<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another			<input checked="" type="checkbox"/> Other. Specify Medical	_____	
<input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					

4.22	PHYSICIANS & DENTIST <hr/> Nonpriority Creditor's Name 20435 72ND AVE S SUITE 202 <hr/> Number Street <hr/> SEATTLE, WA 98032 <hr/> City State ZIP Code	Last 4 digits of account number <u>7 8 5 9</u> <hr/> When was the debt incurred? <u>6/21/2023</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$899.00 <hr/>
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Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	Platte River Insurance Company	Last 4 digits of account number	_____	\$12,540.49
Nonpriority Creditor's Name		When was the debt incurred? _____		
<u>233 South 13th St. Suite 1900</u>				
Number	Street			
<u>Lincoln, NE 68508</u>				
City	State	ZIP Code		
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Company Bond</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.24	P'n'D Logging and Tree Service	Last 4 digits of account number	_____	\$11,010.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
<u>20311 Se 240th St</u>				
Number	Street			
<u>Maple Valley, WA 98038-8618</u>				
City	State	ZIP Code		
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Tree Service</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	Proliance Orthopedics and Sports Medicine	Last 4 digits of account number	_____	<u>\$3,000.00</u>
Nonpriority Creditor's Name		When was the debt incurred? _____		
510 8th Ave Ne Ste 200				
Number Street				
Issaquah, WA 98029-5436				
City State ZIP Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>				

4.26	Providence Swedish Medical Group	Last 4 digits of account number	_____	<u>unknown</u>
Nonpriority Creditor's Name		When was the debt incurred? _____		
Po Box 660354				
Number Street				
Dallas, TX 75266-0354				
City State ZIP Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>				

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	PUGET SOUND COLLECTIONS	Last 4 digits of account number	<u>3</u> <u>7</u> <u>2</u> <u>9</u>	<u>\$3,768.00</u>
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Nonpriority Creditor's Name

738 BROADWAY

Number Street

TACOMA, WA 98402

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

7/20/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.28	PUGET SOUND COLLECTIONS	Last 4 digits of account number	<u>3</u> <u>7</u> <u>2</u> <u>8</u>	<u>\$3,625.00</u>
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Nonpriority Creditor's Name

738 BROADWAY

Number Street

TACOMA, WA 98402

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

7/20/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	PUGET SOUND COLLECTIONS	Last 4 digits of account number	<u>3</u> <u>7</u> <u>2</u> <u>7</u>	<u>\$1,925.00</u>
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Nonpriority Creditor's Name

738 BROADWAY

Number Street

TACOMA, WA 98402

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

7/20/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.30	Puget Sound Energy	Last 4 digits of account number	<u>5</u> <u>1</u> <u>8</u> <u>3</u>	<u>\$1,600.00</u>
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Nonpriority Creditor's Name

PO Box 91269

Number Street

Bellevue, WA 98009-9269

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Utility Account

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31	Transworld Systems Inc.	Last 4 digits of account number	_____	\$100.00
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	500 Virginia Dr Ste 513			
	Number	Street		
	Ft Washington, PA 19034-2735			
	City	State	ZIP Code	
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans			
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input checked="" type="checkbox"/> Other. Specify _____			

4.32	Transworld Systems Inc.	Last 4 digits of account number	_____	\$230.23
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	PO Box 15618			
	Number	Street		
	Wilmington, DE 19850-5618			
	City	State	ZIP Code	
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans			
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>			

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33	University Of Washington	Last 4 digits of account number	_____	\$100.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
Po Box 9468				
Number Street				
Seattle, WA 98109-0468				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				

4.34	Walter Alan Egunza	Last 4 digits of account number	_____	\$60,973.47
Nonpriority Creditor's Name		When was the debt incurred? _____		
23030 Se 247th Ct				
Number Street				
Maple Valley, WA 98038-6872				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 2:
Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.35

Zeeshan Jahangir & Hina Minhas

Nonpriority Creditor's Name

C/O Thomas L. Dashiell Davies Pierson
Attorneys At Law

1498 Pacific Ave Ste 520

Number

Street

Tacoma, WA 98402-4209

City

State

ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No
☐ Yes

Total claim

\$45,756.59

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>	Case number (if known) <u>24-13054</u>
Debtor 2	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Kazlow Fields On which entry in Part 1 or Part 2 did you list the original creditor?
Name _____ Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Attn: Eric Christie ☒ Part 2: Creditors with Nonpriority Unsecured Claims

8100 Sandpiper Circle Suite 204 Last 4 digits of account number _____
Number _____ Street _____
Nottingham, MD 21236
City _____ State _____ ZIP Code _____

2. Evergreen Professional Recoveries On which entry in Part 1 or Part 2 did you list the original creditor?
Name _____ Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
12100 NE 195th St Ste 325 ☒ Part 2: Creditors with Nonpriority Unsecured Claims

_____ Last 4 digits of account number _____
Number _____ Street _____
Bothell, WA 98011-5768
City _____ State _____ ZIP Code _____

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) 24-13054
Debtor 2	Karen	Ann-Holtmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 4:
Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a.	Domestic support obligations	6a.	<div>Total claim</div> <div>\$0.00</div>
	6b.	Taxes and certain other debts you owe the government	6b.	<div>\$1,299,554.70</div>
	6c.	Claims for death or personal injury while you were intoxicated	6c.	<div>\$0.00</div>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	<div>+ \$3,000.00</div>
	6e.	Total. Add lines 6a through 6d.	6e.	<div>\$1,302,554.70</div>
Total claims from Part 2	6f.	Student loans	6f.	<div>Total claim</div> <div>\$28,219.48</div>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<div>\$0.00</div>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	<div>\$0.00</div>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	<div>+ \$817,083.67</div>
	6j.	Total. Add lines 6f through 6i.	6j.	<div>\$845,303.15</div>

Fill in this information to identify your case:

Debtor 1	<u>Kenneth</u>	<u>Robert</u>	<u>Lorenz</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Karen</u>	<u>Ann-Holtmann</u>	<u>Lorenz</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u>24-13054</u>		

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kenneth Robert Lorenz
Kenneth Robert Lorenz, Debtor 1

X /s/ Karen Ann-Holtmann Lorenz
Karen Ann-Holtmann Lorenz, Debtor 2

Date 02/18/2025
MM/ DD/ YYYY

Date 02/18/2025
MM/ DD/ YYYY